## 540-ES Form 1 at bottom of page

**PAY ONLINE:** Use Web Pay and enjoy the ease of our free online payment service.

Go to our website at ftb.ca.gov and search for payment options. You can schedule your payments up to one year in advance. Do not mail this form if you use Web Pay.

\_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM \_\_ \_ \_ \_ \_ \_ \_ \_ \_ DETACH HERE \_\_\_\_\_ TAXABLE YEAR CALIFORNIA FORM **Estimated Tax for Individuals** 2009 File and Pay by April 15, 2009 540-ES Fiscal year filers, enter year ending month: Year 2010 Your first name Initial Last name Your SSN or ITIN Last name Spouse's/RDP's SSN or ITIN If joint payment, spouse's/RDP's first name Initial Address (including number and street, PO Box, or PMB no.) Apt no./Ste. no. **Payment** Form City (If you have a foreign address, see instructions) State ZIP Code Do not combine this payment with payment of your tax due for 2008. Make your check or money order payable to the "Franchise Tax Board." Write your social security number or individual taxpayer identification number and "2009 Form 540-ES" on it. Mail this form and your check or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031. Amount of payment If no payment is due, do not mail this form. 00 See Section A of the instructions for an alternative to using this form.

2009	<b>Estimated</b>	Tax fo	or Ind	ividuals	File ar	nd Pay b	y June 15	5, 2009	540-ES	
	ers, enter year ending			Year 2010				Ly sou		
Your first name		Initial	Last name					Your SSN or	ITIN	
If joint payment, s	ent, spouse's/RDP's first name Initial Last name							Spouse's/RDP's SSN or ITIN		
Address (including	g number and street, PO B	ox, or PMB	no.)					Apt no./Ste. r	Payment	
City (If you have a	a foreign address, see instr	uctions)				State	ZIP Code		Form 2	
Tax Board." Write yo and your check or mo If no payment is due	s payment with payment of your social security number or in oney order to: FRANCHISE TA e, do not mail this form.  e instructions for an alternation	dividual taxpa X BOARD, PO	yer identificati ) BOX 942867	on number and "2009	Form 540-ES" on	the " <b>Franchise</b> it. Mail this form	Amou	int of payment	00	
	tice, get form FTB 11			120	1093		-		Form 540-ES 200	
DETACH	I HERE	IF	NO PAYN	MENT IS DUE,	DO NOT MA	AIL THIS F	FORM		. DETACH HERE —	
TAXABLE YEAR								-	CALIFORNIA FORM	
2009	<b>Estimated</b>	Tax fo	or Ind	ividuals	File an	d Pay b	y Sept. 15	5, 2009	<b>540-ES</b>	
Fiscal year file	ers, enter year endin	g month:		Year 2010						
Your first name		Initial	Last name					Your SSN or	ITIN	
If joint payment, s	pouse's/RDP's first name	Initial	Last name					Spouse's/RD	P's SSN or ITIN	
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TAXABLE YEAR									CALIFORNIA FORM	
2009	<b>E</b> stimated	Tax fo	or Ind	ividuals	File ar	nd Pay I	by Jan. 15	, 2010	540-ES	
	ers, enter year ending			Year 2010						
Your first name		Initial	Last name					Your SSN or	ITIN	
If joint payment, s	pouse's/RDP's first name	Initial	Last name					Spouse's/RD	P's SSN or ITIN	
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Tax Board." Write yo	our social security number or in oney order to: FRANCHISE TA	dividual taxpa	yer identificati	on number and "2009	Form 540-ES" on		n Amou	int of payment		
	e, do not mail this form. e instructions for an alternat	ve to using t	his form.				L I		00	